

U.S. Department of Justice

United States Marshals Service  
Southern District of Ohio85 Marconi Blvd., Room 460  
Columbus, OH 43215-2835Official Business  
Penalty for Private Use \$300

2020 1810 0000 2381 4454



**\$9.89**  
US POSTAGE  
FIRST-CLASS  
062S001139695  
FROM 43215

Return to Sender  
Not at this address

2020 DEC -7 AM 11: 27

COLUMBUS, OHIO

CULLEN JACKSON  
1602 W. BROAD ST  
COLUMBUS, OH 43223

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. *Subj:*

## 1. Article Addressed to:

Jackson  
0328



9590 9402 6750 1074 4073 59

## 2. Article Number (Transfer from service label)

7020 1810 0000 2381 4454

F5 Form 5011, July 2020 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

**X** Agent Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Insured Mail	

Mail Restricted Delivery  
00

Domestic Return Receipt

U.S. Department of Justice  
United States Marshals ServicePROCESS RECEIPT AND RETURN  
See "Instructions for Service of Process by U.S. Marshal"

## PLAINTIFF

Timothy Gales

## DEFENDANT

Cullen Jackson

## COURT CASE NUMBER

2:21-cv-328

## TYPE OF PROCESS

Complaint/Summons

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

30 E. Broad Street Col, Ohio 43215

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Timothy Gales  
710 Glenshaw  
Columbus, Ohio 43207

Number of process to be served with this Form 285

01

Number of parties to be served in this case

11

Check for service on U.S.A.

## SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Ohio Attorney General

MON-FRI 8AM-5PM 614-466-8946

Signature of Attorney other Originator requesting service on behalf of:

*John J. Foster*

PLAINTIFF

 DEFENDANT

TELEPHONE NUMBER

614-376-9346

DATE

12/1/22

RICHARD F.  
CLERK

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

1

District of Origin  
No. 61District to Serve  
No. 61Signature of Authorized USMS Deputy or Clerk  
John J. FosterJUDGE  
COURT  
DISTRICT  
OHIODate  
12/10/22  
Time  
10:00 AMI hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Date 12/1/22 Time  am  pm

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy  
*John J. Foster*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

## REMARKS

Rtr to sender